VETERINARY SERVICES CAREERS PROGRAM—VSCP
NOMINATION FORM
PROGRAM DATES: DECEMBER 2005 THROUGH SEPTEMBER 2006

ELIGIBILITY: THIS IS AN ORIENTATION TO VETERINARY SERVICES FOR NEW AND RECENTLY HIRED EMPLOYEES. IT IS OPEN ONLY TO CAREERS WITHIN VETERINARY SERVICES WHO WERE HIRED AS OF JANUARY 2005.

1. Participant Information:

   Name_____

   Mailing Address (street, city, state, zip code)

   _____

   _____

   E-mail Address_____

   Phone #_____   Fax #_____

   Official Duty Station (address if different from mailing address)_____

   _____

   Job Title, Series, Grade_____

   EOD Date for current position (mo, day, yr)_____

   EOD Date in VS (mo, day, yr)_____

2. Immediate Supervisor:

   Name and Title_____

   Mailing Address (street, city, state, zip code)

   _____

   _____

   E-mail Address_____

   Phone #_____   Fax #_____

Please select those courses from the VSCP curriculum below which you will attend. Orientation Part A (the CD-ROM) and Orientation Part B (classroom course) are a required part of VSCP. (Part A, the CD-ROM, will be sent to you when your nomination is accepted.)

Course Title	Date	Selection (circle)	
Orientation Part B (I & II)	December 6-8, 2005	Yes	No
Program Diseases (I & II)	On-line	Yes	No
Emerging Issues (I & II)	February 21-23, 2006	Yes	No
Basic Epidemiology (AHT) (II)	April 17-20, 2006	Yes	No
Basic Epidemiology (VMO) (II)	June 5-9, 2006	Yes	No
Communication & Managing Up (I)	April 17-20, 2006	Yes	No
FAD Awareness (I & II)	On-line	Yes	No

_____ _____
Participant's Signature   Date

_____ _____
Supervisor's Signature   Date

_____ _____
Area Veterinarian in Charge Signature   Date

_____ _____
Regional Training Coordinator Approval   Date

Priority: Number ____ of ____

Participant Name_____